+

0010/PTO Rev. 6/95	U.S. Department Patent and Trade		Attorney Docket	Number	16319-08293							
				ntor	Calum Mu	rray						
COMBINED DECLARATION (37 CFR				COMPLETE IF KNOWN								
1.63) AND POWER OF ATTORNEY												
FOR UTILIT PATENT AI			Application Num	ber	I							
		·	Filing Date									
			Group Art Unit	Group Art Unit Unknown								
[x Declaration OR Submitted with Initial Filing	Sı	eclaration ubmitted after sitial Filing	Examiner Name		Unknown							
As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:												
	REC	OVERY AC	CESS TO SE	CURE D	ATA							
the specification of which		(Title of Ap	plication)									
[X] is attached hereto OR												
[] was filed on (MM/DD/YY			as United States Ap									
Application Number [•						
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal												
Regulations. § 1.56.												
I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.												
Prior Foreign Application Number(s)	Count	ı,	reign Filing Date 1M/DD/YYYY)	Priority Not Claimed		Certified Copy Attached? YES NO						
Number(3)			in Deliting	[]								
Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:												
I hereby claim the benefit und Application Number			§ 119(e) of any Unite (MM/DD/YYYY)		[] Addition							
			· · · · · ·		listed	on a supplemental						

DECLARATION					Page 2						
I hereby claim the benefit under Title 35, United States Code § 120 of any United States application(s), or § 365(c) of any PCT											
international application designating the United States of America, listed below and, insofar as the subject matter of each of the											
claims of this application is not	disclosed in the	prior United	States or	r PCT inter	national a	pplication	n in the	manne	r provided	by	
the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information which is material to											
patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the											
prior application and the national or PCT international filing date of this application. U.S. Parent Application PCT Parent Parent Filing Date Parent Number											
U.S. Parent Application				arent Filing					t Number		
Number	Num	ber	(1	MM/DD/YYYY) (if app					cable)		
L. I. Additional I.I.S. or PCT international application numbers are listed on a guardeness of priority about 14 to 14											
Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.											
As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all											
business in the Patent and Trademark Office connected therewith:											
Name	•	Registratio Number		Name					Registi		
		Number							Num	ber	
Robert R. Sachs		42,120	.								
Jennifer R. Johnso	1	50,784									
Amir H. Raubvog		37,070	1								
		0.,070	ľ								
[] Additional attorney(s) and	/or agent(s) nar	ned on a supp	lemental	sheet attac	hed heret	0.					
Please direct all correspondence to:									·		
		Jenni	fer R. Jo	hnson							
			ck & We								
			Valley							١	
			alifornia								
· ·		Mountaii		CA 94041							
Talanhana (650) 335 7313			U.S.A.	Fov	(650) (120 5200	-				
Telephone (650) 335-7213 Fax (650) 938-5200											
I hereby declare that all statemen	ts made herein of	f my own knov	vledge ar	e true and th	at all state	ements ma	de on i	nformati	on and bel	ief	
are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made											
are punishable by fine or impriso						States Code	e and th	at such	willful fals	se	
statements may jeopardize the validity of the application or any patent issued thereon.											
Name of Sole or First Inventor: [] A petition has been filed for this unsigned inventor											
Given Name Calum	Middle Initial		amily ame Murray					Suffix			
		illisai	IN	ine				L			
Inventor's Signature	//was				<u> </u>	Date /	3-	79.	- 04		
Signature Mall	(un)						<i></i>	<u>~ `</u>	<u> </u>		
Residence: City Petaluma			CA	Country	USA		Citiz	zenship	Britis	h	
Mailing Address 1904 Westminster Lane											
Mailing Address											
City Petaluma		State	CA	Zip 94	954	Cou	ntry	USA	_	•	

DECLARATION					ADDITIONAL INVENTOR(S) Supplemental Sheet								
Name of Additional Joint Inventor, if any:] A petition has been filed for this unsigned inventor								
Given Name Jeff	Mid Initi			Family Name	M	endonca	a	Suffix			i		
Inventor's Signature Date 3/29 /04													
Residence: City Cu	pertino	State	CA	Count	Country				Citiz	enship	USA		
Mailing Address 19500 Pruneridge Ave., #10109													
Mailing Address													
City Cupertino		State	CA	Zip	95	014		Coun	try	USA			
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor													
Given Name	Mid Initi			Family Suffix Name									
Inventor's Signature		•			-		Date						
Residence: City	ty State Coun					Citizenship					·		
Mailing Address													
Mailing Address													
City	City State Zip Country												
Name of Additional Joint Inventor, if any: [] A petition has been filed for this unsigned inventor													
Given Name	Middle Family Suffix Initial Name						Suffix						
Inventor's Signature		<u> </u>	L				Date						
Residence: City		State		Count	гу				Citiz	enship			
Mailing Address													
Mailing Address													
City		State		Zip				Coun	itry				
Name of Additional Joint Inventor, if any: [] A petition has been filed for this unsigned inventor													
Given Name		Family Suffix Name											
Inventor's Signature Date													
Residence: City	Residence: City State					Country Citizenship							
Mailing Address													
Mailing Address													
City		State		Zip				Coun	try				